STATEMENT OF

FORM 1	ORGANIZATION (See instructions)			Office use only	
NAME OF COMMITTEE (in f	ull) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5		
Grassroots Or	ganizing Acting & Leading PAC	- GOALPAC			
ADDRESS (number and s	PO BOX 30344				
(Check if address is changed)	BETHESDA			20824 -	
		CITY▲	STATE	ZIP CODE ▲	
COMMITTEE'S E-MAI (Check if address is changed)	L ADDRESS (Please provide only one e				
COMMITTEE'S WEB I	PAGE ADDRESS (URL)				
(Check if address is changed)	None				
2. DATE 0 3	/ D D / Y Y Y Y Y 111				
3. FEC IDENTIFICA	TION NUMBER	C C00381996			
4. IS THIS STATEM	ENT X NEW (N) OR	AMENDED (A)		
I certify that I have examin	ned this Statement and to the best of my kn	nowledge and belief it is true, corre	ect and complete		
Type or Print Name of ⁻	Treasurer Jennifer Dwyer				
Signature of Treasurer	Electronically Filed by Jennifer	Dwyer	Date 03	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
NOTE: Submission of fals	se, erroneous, or incomplete information m	ay subject the person signing this			
Office Use Only		For further informate Federal Election Con Toll Free 800-424-95	nmission	FEC FORM 1 (Revised 02/2009)	